

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION
AND POWER OF ATTORNEY**

- ☐ Declaration Submitted with Initial Filing OR
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first, and sole inventor (*if only one name is listed below*) or an original, first, and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GLYCOPEGYLATED FOLLICLE STIMULATING HORMOMNE

the specification of which:

- ☐ is attached hereto.
- ☒ was filed on June 2, 2006 as Application No. 10/581,538 and was amended on _____ (*if applicable*).
- ☐ was filed by Express Mail No. _____ as Application No. not known yet, and was amended on _____ (*if applicable*).
- ☒ was filed on December 3, 2004 as PCT International Application No. PCT/US2004/040709 and was amended on _____ (*if any*).

I state that I have reviewed and understand the contents of the specification identified above, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

Authorization to Permit Access to Application by Participating Offices

- ☒ If checked, the undersigned hereby grants the USPTO authority to provide the European Patent Office (EPO), the Japan Patent Office (JPO), the Korean Intellectual Property Office (KIPO), the World Intellectual Property Organization (WIPO), and any other intellectual property offices in which a foreign application claiming priority to the above-identified application is filed access to the above-identified patent application. See 37 CFR 1.14(c) and (h). This box should not be checked if the applicant does not wish the EPO, JPO, or other intellectual property office in which a foreign application claiming priority to the above-identified application is filed to have access to the application.

In accordance with 37 CFR 1.14(h)(3), access will be provided to a copy of the application-as-filed with respect to: 1) the above-identified application, 2) a _____ eign application to which the above-identified application claims priority under 35 USC 119(a)-(d) if a copy of the foreign application that satisfies the certified copy requirement of 37 CFR 1.55 has been filed in the above-identified US application, and 3) any U.S. application from which benefit is sought in the above-identified application.

In accordance with 37 CFR 1.14(c), access may be provided to information concerning the date of filing the Authorization to Permit Access to Application by Participating Offices.

Claim of Foreign Priority Benefits

I claim foreign priority benefits under 35 USC 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application(s) designating at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application(s) for patent, utility model, design registration, inventor's or plant breeder's rights certificate(s), or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter and having a filing date before that of the application(s) from which the benefit of priority is claimed.

| PRIOR FOREIGN APPLICATION NUMBER(S) | COUNTRY | FOREIGN FILING DATE (MM/DD/YYYY) | PRIORITY CLAIMED | | CERTIFIED COPY ATTACHED | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | YES | NO | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

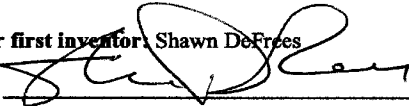
As a named inventor, I hereby appoint Leydig, Voit & Mayer, Ltd., associated with the following Customer No., to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

23460

I further direct that correspondence concerning this application be directed to the above-mentioned Customer Number.

I declare that all statements made herein of my own knowledge are true, that all statements made on information and belief are believed to be true, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Shawn DeFrees

Inventor's signature 

Date 9/3/2010

Country of Citizenship: US

Residence: North Wales, PA
(city/state or country)

Post Office Address: 126 Filly Drive, North Wales, PA 19454
(complete mailing address)

Full name of second joint inventor, if any: Caryn Bowe

Inventor's signature _____

Date _____

Country of Citizenship: US

Residence: Doylestown, PA
(city/state or country)

Post Office Address: 310 Maple Avenue, Doylestown, PA 18901
(complete mailing address)